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Eating Disorders Institute of New Mexico

EATING DISORDERS QUARTERLY

www.EatingDisordersNM.com
505-884-5700

Quick Fact

14% of gay men suffer from bulimia, 20% from anorexia

Happy New Year, Welcome New Staff, and Join Us!

Happy New Year! We wish you health, love, and interesting work in 2017!

Welcome Adam

I am delighted to introduce our newest clinician, Adam D. Metcalf LCSW. He has joined us in a part-time capacity and brings to the clinic his passion for helping people, and excellent clinical skills including certification in EMDR, something we have been unable to offer until now. He has worked as a community health educator with a focus on diabetes and weight management, and is an avid salsa dancer! Please join me in welcoming him.

Licensed Psychotherapists *Still* Wanted

If you have strong CBT clinical skills and want to expand your expertise to eating disorders and obesity, read on!

We are a small, evidence-based clinic with the most interesting caseload in the state. (You may think this is over-sell — but experiencing will be believing!)

Seeking:

Mental health therapists independently licensed in New Mexico (LPCC, LISW, PHD) to work with adolescent and adult patients with eating disorders, and mood and anxiety disorders.

- Minimum of two years post-licensure clinical experience providing Cognitive Behavioral Therapy
- Candidate must be open to training in the treatment of eating disorders/obesity

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CONTENTS

Cut the Yo-Yo String

The term '"yo-yo dieting," coined in the 1980s by Kelly Brownell , describes the observation that chronically overweight/obese individuals tend to repeatedly lose and gain weight without resulting in long-term weight management. This observation has been, in part, behind the media headlines that diets don't work. Reading between the media lines, we might conclude that we should just give up. However, clinical experience tells us that many people do achieve lasting weight management, and one of the key differentiators is that those who are able to persist in their efforts long enough to achieve weight loss and establish new behavioral habits are those who do not succumb to the *Abstinence Violation Effect* (AVE).

In 1985, G. Alan Marlatt & Judith R. Gordon published the game-changing book, *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors*. The authors pulled together what was at the time innovative thinking about addictions and addictive-like behavior. A key concept in their formulation was something now called the *Abstinence Violation Effect (AVE)*. It describes the phenomenon wherein an individual who has violated a behavioral rule falls victim to the cognitive error of dichotomous (all or nothing) thinking and concludes from one lapse that s/he has failed. Perceiving the slip as evidence s/he is out of control, the individual gives up attempts at self-management, and gives in to ensuing urges to engage in the behavior targeted for change.

Although over-eating and obesity are not addictions, efforts to control them are subject to similar challenges faced by addicts. Our

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Different approaches are effective at different levels of prevention

Constraints imposed by the realities of research make it difficult, if not impossible, to conduct the studies that would tell us whether a program prevents ultimate development of eating disorders (EDs). Hence, we rely on studies that evaluate programs that target ED risk factors.

The Institute of Medicine recognizes three levels of prevention. *Universal prevention* is applied to the population as a whole (e.g., public service ads about healthy behavior). *Selective prevention* targets individuals at elevated risk for a disorder (e.g., adolescent girls in aesthetic sports), and *Indicated prevention* focuses on those who show symptoms of the disorder but do not yet meet criteria for diagnosis.

Watson et al conducted a meta-analysis of ED-prevention studies to determine whether and which programs were most effective at the three levels of prevention. They included only studies that were randomized clinical trials. The studies all targeted various combinations of proven risk factors such as body dissatisfaction, internalization of thin ideal, dieting, etc.

They found:

Media literacy is the most effective approach for universal prevention, preventing a worsening of body dissatisfaction at six-month follow-up in boys and 30-month follow-up in girls.

Selective prevention studies found that Cognitive-Behavioral Therapy and Dissonance-Based Interventions both outperformed the control interventions but, overall, Dissonance-Based Interventions were the most effective at this level.

Cognitive-Behavioral Therapy was most powerful for Indicated prevention, with a trend for multi-session programs to outperform single– or few-session ones. Watson et al also found that computer-based delivery of these programs resulted in poorer outcomes, an important point given current trends toward moving education and clinical work online.

— HJ Watson, T Joyce, E French, et al (2016). Prevention of eating disorders: A systematic review of randomized, controlled trials. IJED, 49:9, 833–862.

2017 Conferences & Trainings

Feb 15–17 — 2017 ACUTE Symposium: Improving medical care for Eating Disorders. Denver Health. Denver, CO

Mar 23–16 — International Association of Eating Disorder Professionals annual conference, Las Vegas , NV

On demand webinar — Psychotherapy for adults and adolescents with eating disorders, RiverMend Health Institute.

On demand webinar — Dangerous dieting, RiverMend Health Institute.

An exemplary lifestyle intervention program for obesity

Overweight and obesity are serious public health concerns and the top two modifiable risk factors for Type 2 diabetes. The Look-AHEAD study was a prospective, randomized trial designed to evaluate the effect of an intensive behavioral intervention to promote weight loss/maintenance among overweight/obese individual with Type 2 diabetes.

Over 5,000 overweight/obese individuals from 16 clinical centers across the US were randomized to either Intensive Lifestyle Intervention (ILI) or a Diabetes Support and Education (DSE) program. Both programs were delivered by multi-disciplinary professional teams and patients were followed for up to 13.5 years.

At all assessment points, ILI participants lost significantly more weight than those in the DSE group. Most noteworthy is that 27% of ILI participants maintained a weight loss of ≥ 10% at eight years, compared with 17% of the DSE folk. Moreover, 50% of the ILI group maintained ≥ 5% weight loss at eight years, compared to 36% of the DES. This outcome stands in stark contrast to the general belief that sustained weight loss is not possible.

Another important finding was that outcome across the eight years did not significantly differ between Hispanics, African-Americans, Native Americans, and non-Hispanic Whites. This, too, is contrary to expectation.

For details on the ILI components, see article on page 3.

— DS West, SM Coulon, CM Monroe, DK Wilson (2016). Evidence-based lifestyle interventions for obesity and Type 2 diabetes: The Look-AHEAD Intensive Lifestyle Intervention as exemplar. American Psychologist, 71:7, 614-627.

Critical Components of Effective Weight Management Treatment

West et al (2016; see *Exemplary Lifestyle*, p 2 this issue) outline the critical components of effective treatment as: "... (a) goal-setting related to weight loss, diet, and physical activity; (b) self-management via self-monitoring of health behavior and progress toward goals; (c) problem-solving and cognitive strategies; (d) building and seeking social support; (e) fostering long-term sustained motivation through behavioral counseling and motivational interviewing (p620–621)."

Goal setting — Goals were clearly defined in specific, measurable, and achievable terms. Both daily and weekly goals were documented for changes in exercise, caloric intake, and behavioral changes. As discussed in ***Cut the Yo-Yo String*** on page 1 of this issue, it behooves the therapist to be conscientious about helping the patient to set realistic goals that take into account the reality that even the best laid plans do go astray. Help patients use those slips as opportunities for improved self-awareness and growth.

Self monitoring — Participants systematically recorded their eating and exercise actions, as well as body weight. It is worth noting that self-monitoring is a key predictor of successful and sustained weight management. It is also the technique for which it is most difficult to elicit compliance. Flexibility on the part of the therapist is critical. Be prepared to ease resistant patients into it by breaking the desired level of detailed monitoring into smaller steps to which patients are willing to commit . Also keep in mind that there are several online and phone applications that can facilitate record keeping for your tech-savvier patients.

Problem solving — Introduced early in the program and utilized throughout its duration, problem-solving was a formalized five-step process of (1) defining the problem, (2) brainstorming possible solutions, (3) selecting a solution, (4) utilizing goal-setting skills to develop a specific plan to implement the solution, and (5) evaluating the outcome of the solution and selecting alternate strategies if needed.

Cognitive strategies — Cognitive restructuring and thought-stopping targeted dichotomous (i.e., all-or-nothing) and negative thinking. Chronic dieters tend to hold particularly rigid beliefs about the need for perfection in their weight loss efforts and hence are particularly susceptible to the Abstinence Violation Effect (see ***Cut the yo-Yo String***) when they *inevitably* slip. Helping them to adopt a more flexible, self-compassionate stance toward their efforts allows them to move forward, slip, and keep moving forward.

Social support — In addition to the support afforded by meeting with individual therapists as well as that of the groups, specific strategies for involving and shaping the involvement of family and friends were actively utilized.

Motivational elements — Using a motivational interviewing approach, individual session time was dedicated to eliciting personal reasons for weight loss. Self-efficacy was supported and enhanced by use of graphs illustrating weight loss and physical activity progress. Keep in mind that motivation is a fluctuating state of readiness to act and so is something to which the therapist must pay continual attention throughout the course of treatment.

Afternoon & Evening Intensive Outpatient Programs

Our IOPs provide intensive psychotherapy for eating disorders that do not respond to standard outpatient care. Built upon evidence-based practices and delivered in a warm, client-centered style, our IOP is waiting to help your most challenging patients. New patients are welcomed when they are ready to start, treatment plans are always individualized, and we work closely with you to ensure our work complements yours as seamlessly as possible.

Program Features

Mondays, Tuesdays, and Thursdays
Private check-ins and individualization of therapeutic focus
Shared therapeutic meal
Group sessions address eating-related anxiety, challenge the distorted over-evaluation of shape and weight, promote mood regulation, improve ability to identify nutritional misinformation, counter cultural pressures to attain thinness, and much more. For the afternoon groups, age-appropriate emphasis is placed on developmental tasks and the negotiation of patients' emerging young-adult roles in the family.
Cognitive-behavioral therapy complemented by DBT and ACT skills training
Biweekly care-coordination reports sent to patient's treatment team with additional team consultations as needed

Notices

In keeping with the intent of this newsletter to connect our local clinical community with the world of eating disorders, we have dedicated this space to alert you to local opportunities for research, employment, and miscellaneous other things related to obesity and eating disorders. To use this free forum email: EDQnews@gmail.com

Edition	Deadline	Edition	Deadline
April 1st	March 15	July 1st	June 15
October 1st	September 15	January 1st	December 15

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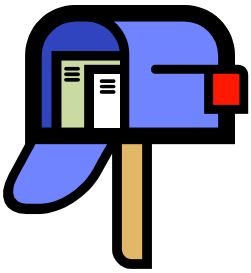

Media Literacy & ED Prevention Program Resources

Stice E, Presnell K., Shaw H (2013). *The Body Project: A Dissonance-Based Eating Disorder Prevention Intervention* (updated edition). Oxford England: Oxford University Press.

O'Dea J. (2007). *Everybody's Different: A Positive Approach to Teaching about Health, Puberty, Body Image, Nutrition, Self-esteem and Obesity Prevention*. Melbourne: ACER Press.

Kilbourne J (2012). *Can't Buy My Love: How Advertising Changes the Way We Think and Feel*. NY: Simon & Schuster.

Kilbourne J (1999). *Deadly Persuasion: Why Women and Girls Must Fight the Addictive Power of Advertising*. The Free Press.

Levin DE, Kilbourne J (2009). *So Sexy So Soon: The New Sexualized Childhood and What Parents Can Do to Protect Their Kids*. NY: Ballantine Books.

Media Education Foundation. Website of educational videos about media, culture, and society.

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Position — Cont'd from page 1

- Retirement plan available after one year of employment
- Hours are flexible
- Part-time to full-time depending on caseload and your preferences

Resumes must include:

- Licensure type and NM state license number
- Completion dates of all education/training
- Start/end dates of work history

Cover letter must:

- Highlight relevant experience

Submit cover letter & resume to:
Brenda Wolfe via fax (505–884-5701) or email (blwolfe@swcp.com)

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Yo-Yo — Cont'd from page 1

patients must painstakingly set behavioral goals around food, exercise, self-monitoring, emotional coping, and a host of other domains. Our job as healthcare providers guiding their efforts is to help them adopt a flexible stance both in setting goals and assessing progress.

Despite the initial enthusiasm that prompts patients to set aggressive goals, we encourage goals that are proximal to their starting points, and edging forward as progress occurs. Further, as the patient works on those goals, it is critical to help him/her interpret slip-ups not as failures but as opportunities to better understand the stimuli that make it more or less difficult to follow through on his/her plans. Avoiding the AVE in this way, transforms what might have been perceived as a reason to give up into an event that enhances self-efficacy and strengthens the individual's ability to self-manage. It cuts the yo-yo string.

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